ALICIA PICHETTE
MENTAL HEALTH OMBUDSMAN

RECOMMENDATIONS FOR 2009:

Children

- Continue providing in-state services options that can provide comprehensive, community-based, evidence-based, recovery focused programs to children. Children often have intellectual and other brain-centered disabilities in addition to mental illness/ Serious Emotional Disturbance (SED)
- Develop long-term strategic planning and a service continuum from infancy through adulthood for individuals with mental disabilities

Adults

- Continue the progress in developing an integrated service system that provides assessment, treatment planning and services for adolescents and adults who may have co-occurring disorders—including training and certification of service providers
- Support programs to prepare nurses to be family psychiatric mental health nurse practitioners to increase access to psychiatric mental health care to families and individuals—in particular those who live in rural communities
- Prepare for an aging population that has long-term psychiatric disabilities and/or late life mental illnesses by offering integrated education for healthcare providers who serve older Montanans
- Recognize the vital role of the state's mental health safety net for recovery—seek to decrease the number of acute mental illness episodes that reach a crisis by assuring access to a network of strong community supports including: meaningful occupation through quality, good paying, challenging employment; affordable, safe, appropriate housing options including homeownership for individuals who have disabilities; wellness and healthcare; and, social interactions including drop in centers

MONTANA mental health OMBUDSMAN

ANNUAL REPORT 2009

Montana is a progressive, proactive, compassionate state and because we are rural, we have a refined resourcefulness that other states haven't needed to cultivate. We are the frontier. Nearly every community in Montana has been designated as a mental health professional shortage area. This is a challenge that requires creative solutions to provide quality, appropriate public mental health services across our state.

This year the office of the Mental Health Ombudsman celebrated its 10th anniversary: ten years with a mission to provide assistance to Montanans seeking help to access and navigate the state's public mental health services system. That mission continues to lead the efforts of the Ombudsman to collaborate with Montanans who are seeking or receiving mental health services, their families, the Department of Public Health and Human Services, mental health services providers across the state, state and local law enforcement, the courts, our state and federal representatives, and with the help of state and national advocacy groups—craft policy that will result in a mental health service system that is responsive, appropriate, evidence based and recovery focused.

During those 10 years the Montana Legislature has continually recognized the benefits and importance of providing quality public mental health services for our citizens—both children and adults.

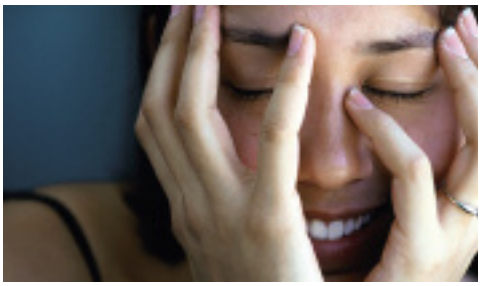
Recent sessions of the Montana Legislature have focused funding intended to:

- Further assure access to services for high risk children with multiagency needs
- Encourage active participation by consumers, family members, advocates and others as community based mental health services develop
- Address crisis stabilization projects
- Finance Recovery Grants that have resulted in creating:
  - Community drop in centers
  - Community based suicide prevention training
  - Community based supports: Community Liaison Officers and Community Program Officers
- Support a collaboration between the Department of Corrections and Addictive and the Mental Disorders Division (AMDD) of DPHHS
- Create a presumptive eligibility reimbursement for providing emergency access to services for individuals experiencing a mental illness crisis
- Provide training in Dialectical Behavioral Therapy as an evidence based practice through AMDD
- Promote access to affordable prescription medication through programs such as the Mental Health Services Program (MHSP) and Big Sky Rx

an advocate remembers

A little over ten years ago, a small group of Montana legislators and mental illness advocates met on a cold Saturday morning in a legislative conference room to craft legislation for the office of the Mental Health Ombudsman. Initially, the purpose of the law was to have an advocate in the Governor's office to provide assistance to individuals living with serious mental illness and their families to access care under the existing managed care program. Since managed care has gone away, the ombudsman's office has acted as a problem solver for individuals having difficulty accessing care and treatment.

In the 10 years which have passed many well intended programs have been instituted to improve the lives of individuals living with serious mental illness. We have Suicide Prevention, 72 Hours Crisis Stabilization, Mental Health Community Services Development, Funding for Mental Health Drop In Centers, Mental Health Services Plan Expansion, Services for Mentally Ill Offenders, Mentally Ill Offender Medications, Meth and Chemical Dependency Expansion, Substance Abuse Management System, Home and Community Based Services, Goal 189, Expansion of SDMI, Vista Volunteers, the Net-



work of Care, Recovery Grants, the Implementation of Legislation Passed for Crisis Intervention and from the Criminal Justice System, the Program for Assertive Community Treatment (PACT) and Crisis Intervention Team Training (CIT) for law enforcement officers. Much has been accomplished.

Why then are people living with mental illness and their families still dissatisfied? The more things change, the more they stay the same. We'd like to see the Goals of the President's New Freedom Commission of Mental Health implemented. We'd especially like to see Goal Two: Mental Health Care is Consumer and Family Driven, actually achieved. This could start with emphasis on evidenced-based practices becoming reality in Montana. Peer Support Specialists as full-fledged members of PACT Teams would be a great place to start.

As an advocate for continuing reform of the public mental health services delivery system in Montana, I acknowledge there have been improvements. From 1999 to now, the way services are delivered has changed. However, the changes have come slowly and while we do see some progress, the "system" still does not place the value on consumer and family driven services that is needed. Although consumers and advocates are "at the table" during discussions about service delivery changes; the "system" still does not value our input or direction for services to continue to evolve to meet needs. And until it does; we will not be happy.

I talk frequently with individuals who live with mental illness and the reason they do not stay involved is because their opinions, needs and concerns are not addressed. We become discouraged when other "experts" know what is best for us. We will continue to work, advocate and campaign for change until services do reflect that input and direction to respond to needs. That is our role.

—Dr. Gary Mihelish, Helena

transformation continues

The public mental health services system in the state is dynamic and ever changing to meet the needs of those Montanans we serve. In 1999 when the office of the Mental Health Ombudsman was created, the system as we know it today was beginning to be perceived. In 2002 when the New Freedom Commission was created to study publicly funded mental health services nationwide, Montana had already begun designing a recovery based services system. However for the purposes of describing the changes we're seeing today; using the goals of that report as a comparison seemed like a good start.

Goals of the New Freedom Commission:

Goal 1: Americans understand that mental health is essential to overall health.

What has been accomplished since 1999?

- the concept of stigma has become a mainstream awareness
- through Public Service Announcements, both here in Montana and nationally, and various intangible shifts that have caused changes in attitude, people seem more willing to seek mental health services
- a statewide suicide prevention program has been established—this has been a major accomplishment
- within publicly-funded mental health programs, there is more awareness of the link between mental health and physical health

What still needs work?

- suicide prevention needs more public awareness; and tactically—through early intervention and evidence-based practices—better early identification of people at risk for suicide
- more assertive, consistent, uniform efforts to address physical health assessments/interventions

Goal 2: Mental health care is consumer and family driven

What has been accomplished since 1999?

- much more awareness and concrete empowerment of consumers and families throughout the system, including activities focused on recovery (peer specialists, PACT peer staff, NAMI training, etc)
- acknowledgement and protection of rights are a given in all programs; while this was in place in 1999, it is much more solid in 2009

Goal 3: Disparities in mental health services are eliminated

What has been accomplished since 1999?

- in the past four years, cultural competence has become an active part of the discussion some programs are intrinsically more attuned to cultural competence than others;
- providers that serve rural populations have developed innovative ways to serve clients (televideo is the primary innovation, used extensively in eastern Montana)

What still needs work?

- cultural competence standards as a core part of all providers' plans and policies
- increased creativity in bringing access to services in remote areas
- completing a credible assessment of prevalence of SDMI—and a commensurate assessment between the need and the ability of the system to meet the need; incorporate this knowledge into a comprehensive, long-range services delivery planning process

Goal 4: Early mental health screening, assessment, and referral are common practice

What has been accomplished since 1999?

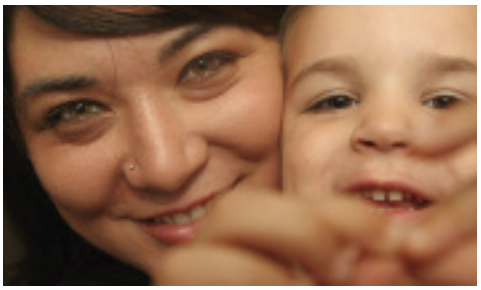
- there have been many efforts to address increased awareness of and access to services for children—the most visible are System of Care

ten years of change

Of course mental health services have changed since August 2, 1999 when the office of the Mental Health Ombudsman was created and the Ombudsman was first appointed. The most recent changes are the ones that capture our attention.

The evolution of services that I consider most notable are:

- Continuing emphasis on community based services
- Service Area Authority groups and Local Area Councils to bring consumers and advocates into the services delivery and design decision-making process
- Thoughtful attention by the Montana Legislature to funding for public mental health services



- Children's services that attempt to work in concert with one another to keep children as near their families as possible
- The emphasis on collaborations in the community to better respond to individuals who are experiencing a mental illness crisis
- Recognition of the value of cross training and licensing to address Co-occurring—Mental Illness and Chemical Addiction
- Extensive work to design and implement crisis intervention teams within communities
- Education and training for Peer support
- Emphasis on recovery and evidence based practices

One note though: it does seem that not all change is good change. I believe that whenever something new is added to the services system something we're familiar with and comfortable with is taken away. Because of this it is often difficult to assess our advances. In the final analysis though, the public mental health system is a work in progress: always evolving—though sometimes slowly—still changing.

—Joan-Nell Macfadden, Chair
Mental Disabilities Board of Visitors

project and Kids Management Authorities
- school-based mental health services have dramatically expanded since 1999

What still needs work?

- the "children's system" and the "adult system" should be—and in many ways are not—one seamless, integrated system representing a continuity of mental health services throughout an individual's life

Goal 5: Excellent mental health care is delivered and research is accelerated

What has been accomplished since 1999?

- there has been a paradigm change regarding the consciousness related to the concept of recovery, in the late 1990's, the Director of The Village spoke at a NAMI conference; now major providers are sending teams of staff to The Village for immersion training—and it is showing up in services
- "evidence-based" and particularly "co-occurring" have become part of the lexicon; dramatic increase in awareness and major effort by AMDD in past several years to bring evidence-based practices into the mainstream is to be commended
- acknowledgement of significant work force issues and meaningful discussions and plans for addressing this issue are ongoing

What still needs work?

- a meaningful conversation is needed to discuss the option of shifting the reimbursement approach from one that pays for time spent in providing "billing category services" to one that pays for results in clients' lives based on the concepts of recovery
- increase emphasis on employment (AMDD is planning to roll out the SAMHSA Supported Employment EBP module soon)
- more innovative, concrete efforts to address workforce shortage and quality issues over the long term, including shifting the "aide" concept of services provided by submasters level personnel to a true paraprofessional model with explicitly-defined knowledge and competence expectations

Goal 6: Technology is used to access mental health care and information

What has been accomplished since 1999?

- all organizations have or are in the process of implementing electronic record-keeping

What still needs work?

- assuring that organizations use compatible software for electronic record-keeping to avoid creating barriers and significant costs in the regarding coordination and integration of health care information

—Gene Haire, Executive Director,
Mental Disabilities Board of Visitors

retrospective

In August 2, 1999 I was appointed Mental Health Ombudsman for the state of Montana. Just months earlier, the Montana Legislature had cancelled the state's managed care contract for mental health services and created this position as a safeguard for consumers. On July 1, 1999 the state resumed responsibility for managing the mental health system. An oversight and advisory council was also put in place to give voice to stakeholders.

The original mandate was brief:

The Ombudsman shall represent the interests of individuals with regard to the need for public mental health services, including individuals in transition from public to private services." 2-15-210 (3), MCA

The challenge was big. There was no model or precedent for this position in Montana. Very few other states had such a position, and none had a similar mandate from the Legislature. I wondered how one person would be able to represent the interests of individuals needing public mental health services.

The Addictive and Mental Disorders Division (AMDD) was doing an excellent job of transitioning the mental health system from managed care back to a fee for service. In general, people who were eligible for mental health services were not waiting. Providers were getting paid. However, individuals in need of mental health services still had many problems. They could not find or afford housing; they needed legal representation; they had issues with a provider. The biggest single problem was they were not eligible for access to the public mental health system.

I realized that the Mental Health Ombudsman needed to bring the experience of consumers to policy makers as they designed the mental health system and shaped the experience of individuals in need of mental health care. The Ombudsman's office began collecting and sharing data from the people who contact the office. I believe this role is appreciated, and it may represent the biggest contribution of the Mental Health Ombudsman.

Today, as an administrator for the Children's Mental Health System, I have taken the insights from my ombudsman experience and tried to put them into policy.

—Bonnie Adee
Children's Mental Health Bureau Chief

a note of reflection

In my 17 years of involvement with mental health treatment, I have observed the evolution of practices from forced institutionalization to self determination and community integration. A key component of positive change has been the implementation of the Mental Health Ombudsman Program in 1999.

While the stigma, and lack of understanding, of mental illness once presented barriers to effective interventions, clients now have a voice in their continuum of care. This empowers recovery processes—instead of clients being forced to play the role of perpetual patient, helpless in their own treatment planning; they now drive their treatment processes. In the event that they feel they are not heard, Mental Health Ombudsmen have become welcome advocates as a part of the team.

Rather then adversarial roles, they have been an integral addition to wellness and recovery processes. Providers are comfortable, and often relieved, with the addition of an ombudsman to the treatment team. Family members are equally impressed with the services a Mental Health Ombudsmen brings in the investigation of complaints and resolution of conflicts that arise in treatment. Ombudsmen provide an understanding of the issues and advocate in protecting those rights guaranteed by state and federal laws, reassuring all parties that the best interests are served in the ongoing treatment of clients.

For this reason, we congratulate the Mental Health Ombudsmen program on 10 years of excellent service to the people we serve.

—Rhonda Champagne,
Tri-County Director of Services,
Center for Mental Health

Hotlines/Help Lines:

Montana Statewide Suicide Hotline
1-800-273-TALK (8255)

Montana Warm Line
1-877-688-3377 (Non-crisis phone line staffed by primary consumers)

Medicaid Recipient Hotline
1-800-362-8312

Aging Hotline
1-800-332-2272 (Citizen's Advocate)

Advocacy Organizations in Montana

Disability Rights Montana (formerly MAP: Montana Advocacy Program)
1-800-245-4743 • disabilityrightsmt.org

Montana Home Choice Coalition (affordable, quality housing for people with disabilities)
449-3120 • montanahomechoice.org

Montana Mental Health Association (Mental Health America)
1-877-927-6642
montanamentalhealth.com

NAMI-MT (National Alliance on Mental Illness)
443-7871 • namimt.org

PLUK: Parents, Let's Unite for Kids
1-800-222-7585 • pluk.org

State of Montana Resources

Addictive and Mental Disorders Division
1-888-866-0328 (mental health services information)
dphhs.mt.gov/amdd

Healthy Montana Kids - Children's Health Insurance Plan
1-877-543-7669 • hmk.mt.gov

Children's Mental Health Bureau
444-4540 • dphhs.mt.gov/mentalhealth/children

Insurance Commissioner
Policy Holder Services: 1-800-332-6148

Long Term Care Ombudsman (nursing homes and assisted living issues)
Regional or Local Ombudsman:
1-800-551-3191
Helena Office (Citizen's Advocate):
1-800-332-2272
dphhs.mt.gov/sltc/services/aging/ltcombudsman.shtml

Mental Disabilities Board of Visitors (independent oversight of mental health facilities)
1-800-332-2272 (Citizen's Advocate)
boardofvisitors.mt.gov

SHIP - State Health Insurance Program (assistance for Medicare beneficiaries)
Regional or Local SHIP: 1-800-551-3191
Helena Office: 444-7870 or 444-0998
dphhs.mt.gov/sltc/services/aging/ship.shtml

National Resources

Bazelon Center for Mental Health Law
1-202-467-5730 (not toll-free)
bazelon.org

Drug Information, MEDLINEplus
(National Library of Medicine & National Institutes of Health)
nlm.nih.gov/medlineplus/druginformation.html

Drug Patient Assistance Programs and Drug Information
nami.org/helpline/freemed.htm

Mental Health America (formerly Mental Health Association)
1-800-969-6642
nmha.org

NAMI - National Alliance on Mental Illness
1-800-950-NAMI (6264) • nami.org

President's New Freedom Commission on Mental Health
mentalhealthcommission.gov/reports/reports.htm

MONTANA
mental health OMBUDSMAN

ALICIA PICHETTE
MENTAL HEALTH OMBUDSMAN

Alicia accepted Governor Brian Schweitzer's appointment to the post of Mental Health Ombudsman for the State of Montana in July of this year, capping nearly 30 years of volunteering, public service and consumer advocacy on behalf of children and adults with disabilities. She describes being the Ombudsman as her "dream job…better even than serving as Lewis and Clark County Commissioner, field staff to a member of Congress, or Chief Deputy Insurance Commissioner for Montana."

BRIAN GARRITY
PROGRAM SPECIALIST

Brian joined the staff in October, 1999, and works half-time. Over the years, Brian has participated in various mental health related advisory councils, committees, work groups, advocacy organizations and boards of directors. Brian has been an active advocate for people with mental illness, a role enhanced by his own open history and perspective as an individual with mental illness. Brian is married and has a 10-year old Samoyed dog, Snowball.

The Ombudsman office is open from 8 a.m. to 5 p.m. Monday through Friday.

Tel: 1-888-444-9669
E-mail: apichette@mt.gov
Web: www.dphhs.mt.gov/amdd/services/ombudsmaninfo.shtml

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